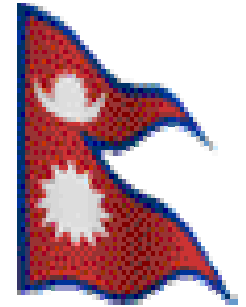


Ministry of Health and Population



Earthquake -2015

Health
emergency
Operation
Centre







Before



Dharahara

After





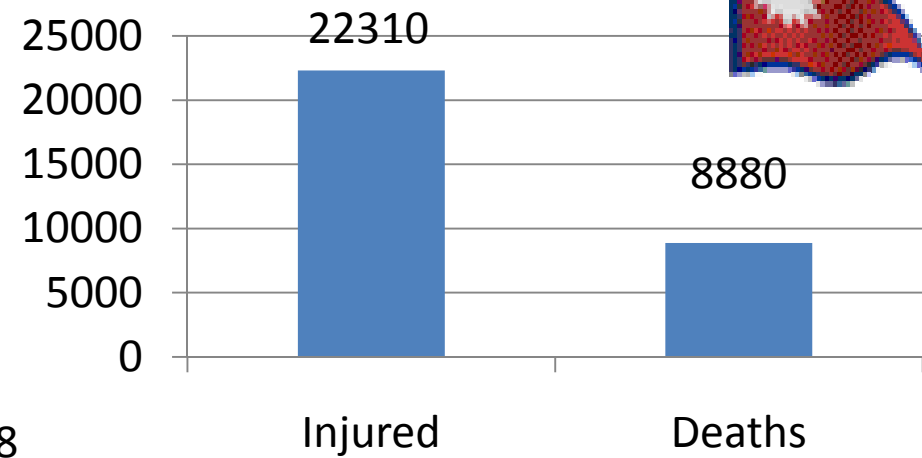


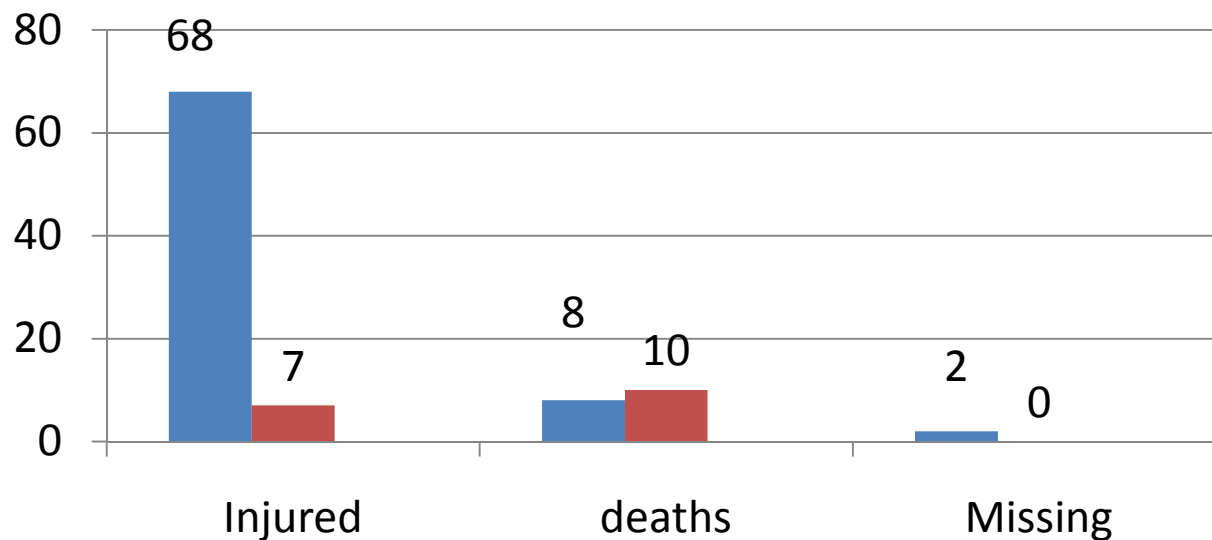
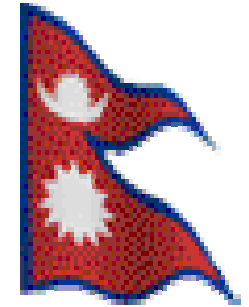
	Fully Destroyed	Partial Destroyed	Total
Government Houses	2,673	3,757	6430
Public Houses	586,911	277,841	864,752





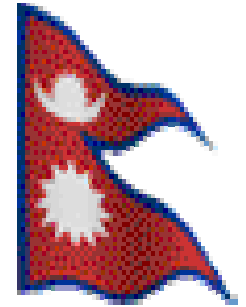
Number of deaths and Injuries (Earthquake 2015)





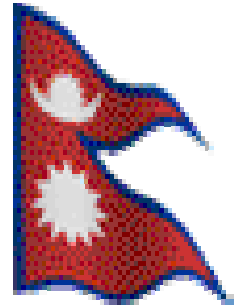
Heath worker &
FCHV
Missing, Deaths and
Injured
(Earthquake 2015)

Health Sector Response-1st Day



- Activation of HEOC-- 13.00 pm
- Alert -Directors of Hub-Hospitals
District Hospitals & D(P)HOs
- Diversion of injured to Pokhara, Bharatpur, Dhulikhel.
- Declared Emergency /Free treatment
- Urged to all health workers to be back to their working station immediately irrespective of their deputation, leave etc. (**Suspended >25 health workers**).
- Coordination with NEOC,WHO, Hub Hospitals.
- Supply of surgical supplies (TUTH).

Health Sector Response--2nd day



➤ Mobilization of teams

Gorkha- Bharatpur Hospital

Chitwan Medical college,

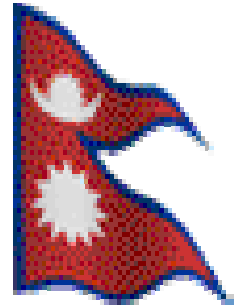
Manipal medical college pokhara,

Lumbini Medical college,

Dhading- College of Medical science Bharatpur

➤ Medical team with ambulances(5) at the airport (Nepal Ambulance Service) for proper trafficking of airlifted patient (443).

2nd Day contd...



Formation of :

a) central coordination committee (Secretary)

b) Teams for Disaster management

Logistic (drugs, supplies)

IEC-Daily press release

Medical team mobilization(FMT+NMT)

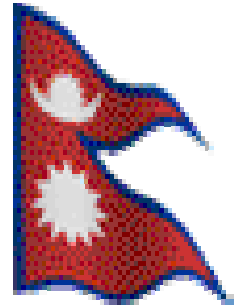
Blood supply,

Dead body management

c) Hub coordinators (6 hub hospitals kath. valley)

d) District coordinators (14districts)

3rd day onwards

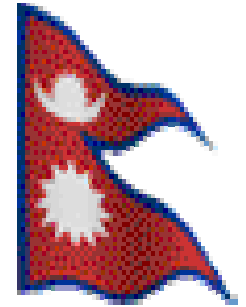


- Foreign Medical team mobilization in coordination with Army(MNMCC)
- Representative to NEOC
- Team at TIA to facilitate custom clearance of medicine and surgical accessories.
- Health clusters meet, sub clusters meet. EDPs
- Hospital Building assessment by DUDBC/Structural Engineer/DFID



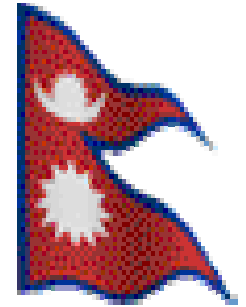
Rescue





Rescue by Airlifting





Shelters

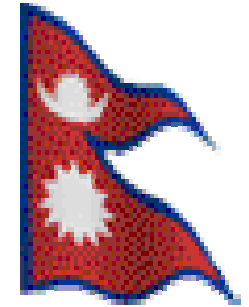


Field Hospital
Army Hospital





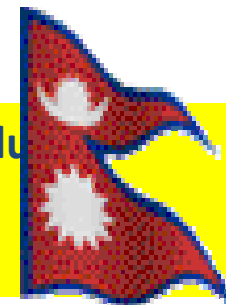




Foreign Medical Teams (132/20)



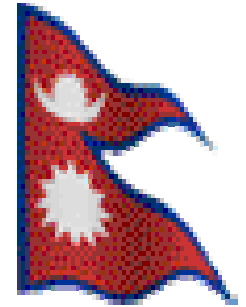
Temporary Hospital Establishment



19 temporary hospitals: Nuwakot, Sindupalchok, Gorkha, Rasuwa, Kavre, Kathmandu, Lalitpur and Bhaktapur (WHO supported containers also used for health services)

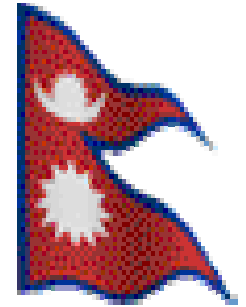
Temporary hospitals established

District	Location	Support
Kathmandu	Army Hospital, Chauni	Israel
	Singhdurbar	China
	Teaching Hospital, Maharjgunj	Stockpile
	APF Hospital, Balambu	Stockpile
	Sinamangal	Indian Army
Lalitpur	Patan	Stockpile
	Lagankhel	India
Bhaktapur	Bhaktapur Hosptial	Pakistan
Nuwakot	Nuwakot	Bhutan
	Kharanitar	Qatar Redcross
Sindhupalchowk	Barhabise	Japan, JICA
	Melamchi	Czech Republic + Japan
	Chautara	Norway
	Sipaghat (15 bed)	Thailand
	Jhalbire	Germany
Kavre	Dhulikhel	China
Gorkha	Gorkha	Turkey
	Aarughat	MSF France
Rasuwa	Dhunche (50 bed)	Canada + Norway



Bir Hospital





**Trauma
Centre**



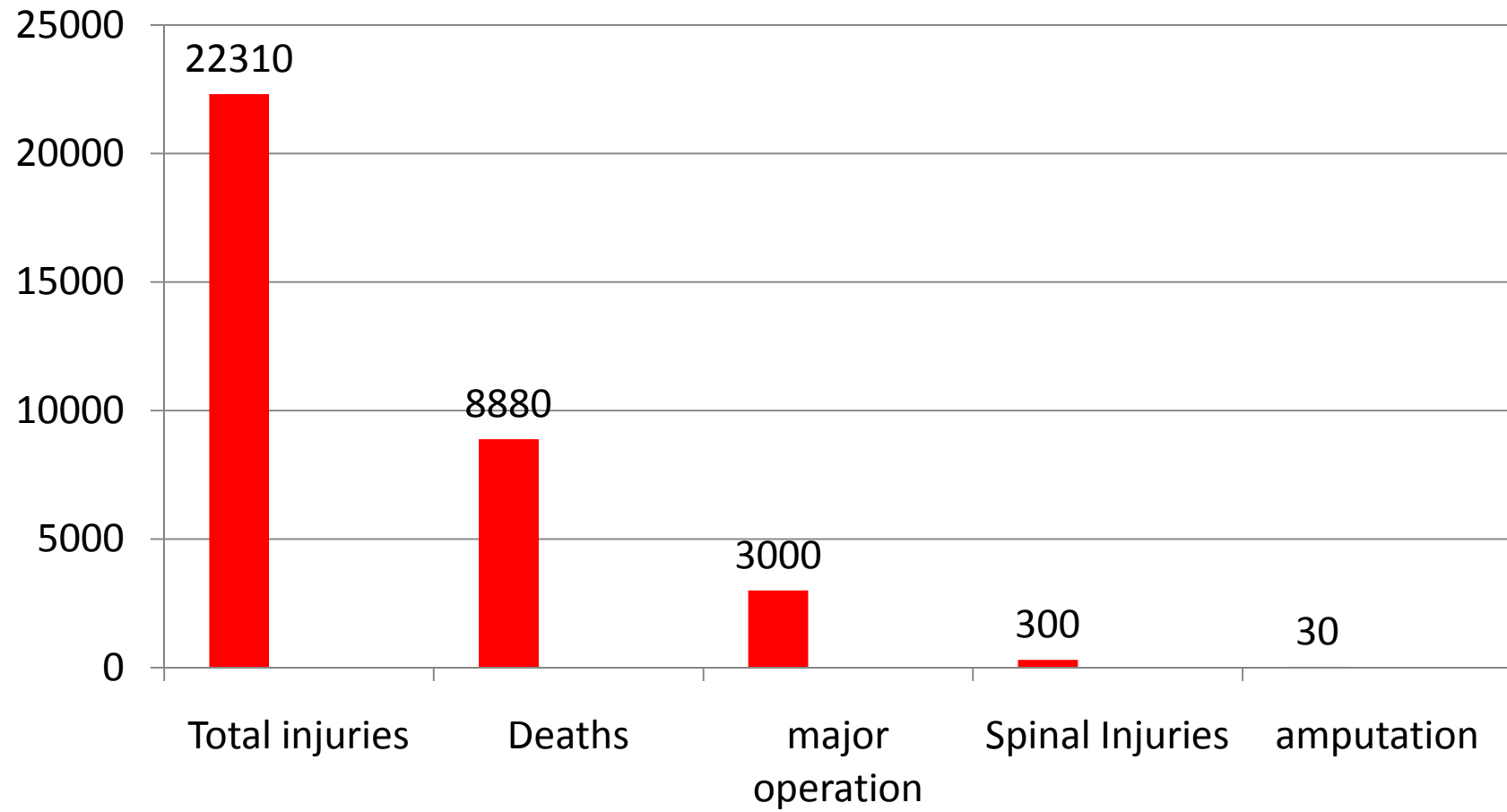
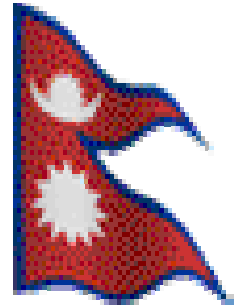


Dhulikhel Hospital





Injury Data





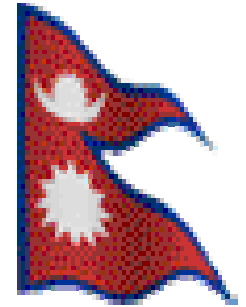
Damaged Health Facility

Partial = 765

Total = 446

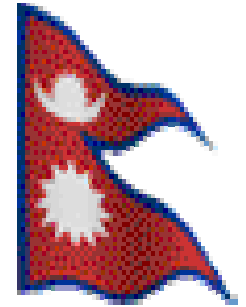


Restoration of Health service delivery



- Medical Tents-
- Medical officer(58 +) +Health workers from districts
- Medicine ,supplies(2 months)
- Permanent Prefab (MoU sign)

Logistic management

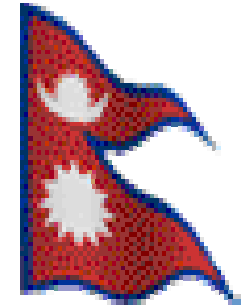


- 1) Drug-supply from stock(LMD)
- 2) procurement (**NPR 60,00,000**)
- 3) Donation from Foreign Medical Team, WHO, UNICEF, Red cross BNMT, Al khar foundation, Direct Relief, Bahrain, India, Bangladesh, Taiwan, USA,Nepal embassy India,Pharmaceutical companies , IEHK (WHO,Redcross)
(**10,504 Cartons+132 boxes + NPR 1,54,35,396**)
Medical Tents ---WHO, sUnicef, Red cross
RH Kits were delivered through NGOs by UNFPA



Financial management

(As of June 30.2015 MoHP)



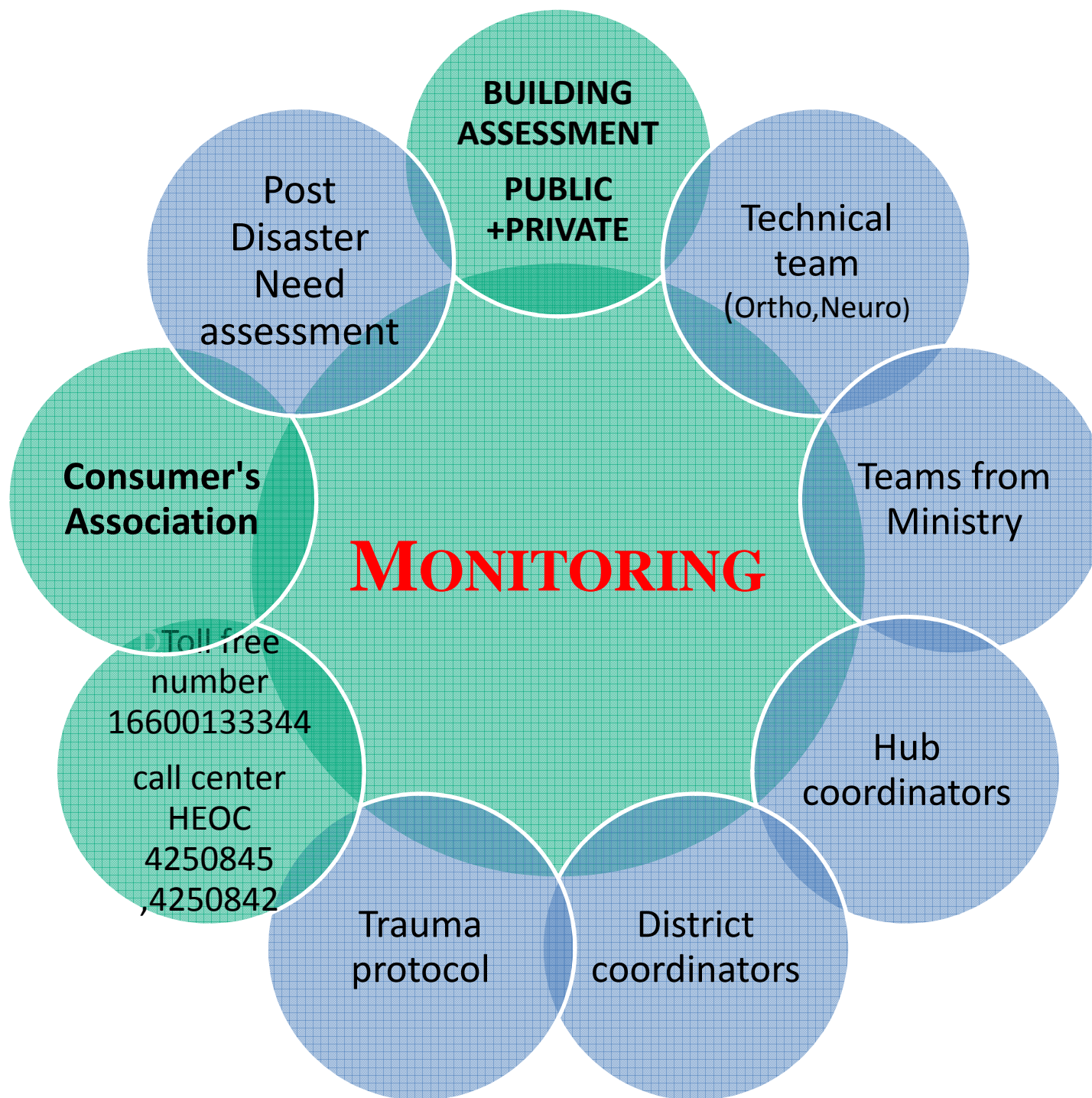
In	Out
GoN =NPR 145,00,.000 CNDRC=NPR 5,50.00.000 WHO =NPR 175,28297.50 NSI =NPR 10,16,00,000	<i>Grant to the Public Hospitals</i> 1) Hub hospitals=NPR 275,00,000 2) District Hospitals D(P)Hos, (for emergency drugs ,mobile camps, public health awareness) =NPR 2,14,80,000 3) Other GoN hospitals=NPR 42,50,000 4) Logistic =NPR 78,56,140.000 <i>Reimbursement to other than public Hospital</i> 5) NPR=NPR 80,75,000
Total =NPR 18,86,28,298.50	Total=NPR 691,61,140

Treatment and Follow up Free

ICU = NPR 3000/day

Major Operations= NPR 25,000/Pt

Spinal, Neuro, More than 1 Major operations = NPR 50,000



Post Disaster Need Assessment.



<i>Health Facility Damage</i>			
	Complete	Partial	Total
Public	Complete = 446 <i>hospital=5,PHC=12,HP=417,others=12</i> (84% ,375 from 14 districts)	701	1147
Private	16	64	80
Total	462	765	1227

Estimates of Recovery and Reconstruction Need

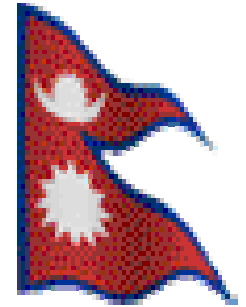
Amount in million NPR



	District level(NPR)	Central level(NPR)	Total (NPR)	Total (US\$)
Immediate term	86	109	195	2.0
Intermediate term	1150	197	1348	13.5
Medium term	7171	5977	13147	131.5
Total need	8407	6283	14690	146.9

Of the total estimated budgetary need of 14.69 billion NPR for recovery and reconstruction,% allocation in successive year starting from current fiscal year 2014/2015 to 2019/2020 is respectively 1%,17.3%,22.6%,19.6% and 19.5%

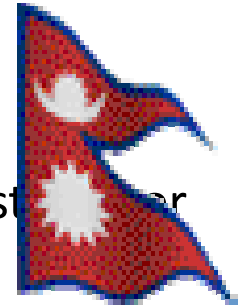
Control and prevention of possible outbreaks



- 1) Messages: health awareness, posters pamphlets distribution
Health warnings in national daily papers, Radio, FM
- 2) WASH Cluster activated for mobile Toilets and
hand washing, sanitation, water supply
- 3) Health desk ,mobile health team
- 4) Sample collection and testing :water, stool
- 5) Mobilization of RRT .



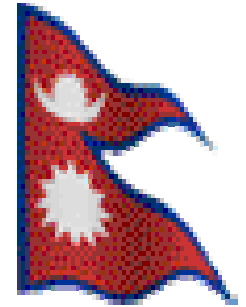
Post Traumatic Stress Management



- 1) Meeting with major stakeholders -Committee for coordination (Psychiatrist Association, CIVICT, Mental hospital, mental health network)
- 2) Press –media people orientation
- 3) Psychosocial counseling –MoWCSW/D(P)HO, District clinic
- 4) Psychiatric District clinic - MoHP
 - a) Team :Psychiatrist, psychosocial counselor, paramedics
 - b) Referral centers: Mental hospital, TUTH, Medical colleges
 - c) Focus on training to local health workers from HP, PHCC, Hospitals, school teachers, FCHV, other social workers.
 - d) Team by Patan, TUTH, Psychiatric association Nepal



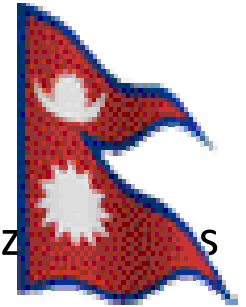
Rehabilitation



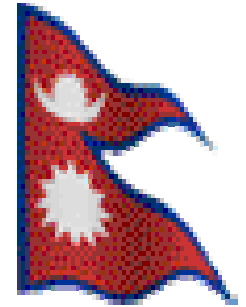
- 1) Sub clusters WHO, HI, Red-cross
- 2) Formation of Technical team of orthopedic and Neuro surgeon(6)
- 3) Step down Centre's (Rehabilitation): Kirtipur Cubin team(200 bed) SIRC (100+),Anandban hospital(50), GP hospital pokhara (50), Nepal youth foundation lalitpur (30),Kirtipur Model hospital (30).
- 4) 3 Gorkha(100),Nuwakot(100),Sindhupalchok(100)
- 5) Team =orthopedic doctor + physiotherapist + paramedic + support



Lesson Learnt ...



- 1) Centrally well coordinated decision and decentralized dedicated authorizations make things happen.
- 2) Humanity, honesty, attitude, ethical and cultural values along with professional knowledge and skills of National Health workers are vital in disaster management.
- 3) One door system of medical team deployment. (MoHP, Army Hospital, Police, APF, Medical colleges and Private hospitals-Hub system) makes management optimal.
- 4) Disaster mitigation measures, drill, training, prepositioning of supplies and Trauma protocol.
- 5) Communication-1 door system of information collection and dissemination. Daily Press Release
- 6) Roster development and National Medical Teams formation.
- 7) Multiple stakeholder engagement and effort. Every one is important in casualties management.



***Thank
you***